

## KIWANIS CLUB OF ATLANTA 2023 Campaign

Contributions to the Kiwanis Foundation of Atlanta provides grants to deserving organizations throughout the metro Atlanta area on behalf of the Kiwanis Club of Atlanta. Our focus is on organizations serving children, adolescents and young adults.

| lember Name (please print        | :)                   | Pledge amount \$  |   |  |
|----------------------------------|----------------------|---|---|--|
| ddress                           |                      | City  | ,   |  |
| tateZip                          | Email Address        | S   |   |  |
| )ate                             | Signature            |   |   |  |
|                                  |                      |   |   |  |
| PAYMENT INFORMATION              | I                    |   |   |  |
| ☐ My check is enclo              | osed, made payab     | ole to <i>the Kiwanis Foundati</i> o                        | on of Atlanta/I made a donation online.             |  |
| ☐ Please send a rer              | minder/invoice of    | this pledge in the month o                                  | ·f  |  |
| ☐ I requested my c               | ompany match my      | y donation – Company Nar                                    | me  |  |
| CREDIT CARDS                     |                      |   |   |  |
|                                  | redit card - please  | e call me at this number (                                  | )   |  |
| ☐ MasterCard                     |                      |   | ☐ American Express                                  |  |
| Credit Card Numbe                | ٩٢                   |   | Exp. Date   |  |
|                                  |                      | ress for the credit card above                              |   |  |
|                                  | _                    | e provide on reverse side.                                  |   |  |
| ☐ Please charge my c             | redit card in mon    | ithly/quarterly (circle one) p                              | payments of \$                                      |  |
| 12. 10. TO OV 11. TO D. 14. T. O |                      |   |   |  |
| IRA/STOCK INFORMATION            |                      | octorring the required minic                                | mum distribution from my IDA                        |  |
|                                  |                      | nsferring the required minir<br>on making gifts of stock an | mum distribution from my IRA.<br>d other securities |  |
| - Trease provide me              | With matractions     | on making gires of stock and                                | a other securities.                                 |  |
| PLANNED GIVING                   |                      |   |   |  |
|                                  |                      |   | Foundation of Atlanta in my will.                   |  |
| ☐ I have made the Kiv            | wanis Foundation     | a beneficiary of my will, tru                               | ust, retirement plan, or life insurance po          |  |
| GIFT ACKNOWLEDGEME               | NT                   |   |   |  |
| ☐ This gift is (circle or        | ne) In Honor of or   | In Memory of*   |   |  |
| Please send ackn                 | owledgement lett     | ter to ( <i>print name and mail</i>                         | ling address for honor/memorial letter):            |  |
|                                  |                      |   |   |  |
| *include any spe                 | cial instructions or | n the back of this form.                                    |   |  |
| <b>—</b> -16 - 111               |                      |   |   |  |
| ☐ Gift Recognition _             |                      | recognize this gift in this no                              |   |  |

If you have any questions, please contact Annual Fund Chair Susannah Darrow at sdarrow@purposepossible.com or by text/phone at 404-273-0671.